

Written Testimony for Nipa Kamdar, PhD, RN, FNP-BC regarding:

US House Committee on Agriculture
Subcommittee on Nutrition, Oversight, and Department Operations
Hearing Nov 10th 2021.

“Hunger among Veterans & Servicemembers: Understanding the Problem and Evaluating Solutions”

Good afternoon, Chairwoman Hayes, Ranking Member Bacon, and distinguished Members of the Subcommittee. As a nurse practitioner and researcher, I recognize food insecurity as a threat to the health and well-being of Veterans who have served our nation. Now it is my honor to serve them and work towards finding solutions to address food insecurity that affects too many of them.

Before I begin, I would like to clarify that although I am employed by the Veterans Health Administration and hold a faculty appointment at Baylor College of Medicine, today I am presenting to you as a private citizen. The views and opinions expressed in this testimony are mine and do not necessarily express the official policy or position of Baylor College of Medicine or the Veterans Health Administration. I do not speak for either entity today.

Thank you for allowing me to share my work with you. Nearly all the Veterans who participate in my research ask what I will do with the information they openly and bravely share. This opportunity to testify before the members of this subcommittee allows me to directly communicate what I learned from them with those who have power to make change.

Understanding the Problem

Food insecurity is the lack of access to healthy food often due to financial limitations and is a complex issue.

To grapple with an understanding of the problem, I approach it in two ways. One is to place a quantifiable number to capture its scope. Using data from the National Health and Nutrition Examination Survey (NHANES), I learned that Veterans who are food insecure are almost 3 times more likely to suffer from very low food security compared to non-veterans with similar socio-economic characteristics (i.e., age, gender, race/ethnic background, level of education, marital status, and income).¹ Very low food security is associated with decreased food intake and skipping meals which could result in physical feelings of hunger. Adding to this concern, in another study using data from NHANES, my team and I found that Veterans dealing with very low food insecurity have an almost a four-fold increase in odds for suicidal ideation.²

Although these statistics provide evidence that food insecurity is a serious threat, they do not capture the daily struggles of Veterans who are food insecure. For that, I listened to with Veterans who have experienced food insecurity.

Since 2018, I have been learning directly from Veterans who have lived with food insecurity to better understand their day-to-day challenges, and- importantly- working with them to identify how to assist them. Some of themes I am about to share come from research that is still in progress. Any names I use are pseudonyms to protect the identity of the Veterans.

1. Getting food to the table is much more than having the ability to buy food.³

Other factors to consider in effort to ensure Veterans have the ability to get food to the table include:

- Access to resources like time, transportation, kitchen tools and equipment, social support (e.g., friends and family).
- Personal capacity including physical and mental health.
- Military training/experience and life experiences prior to joining the military. These experiences often shape Veterans' willingness to ask for and/or accept help. For example, many Veterans describe a military ethos of "making do with what they got" and may not ask for help even if they need it. As a Marine Veteran explained: "We can't show weakness. We have to show we have everything under control even if we have struggles."

Attempts to address food insecurity that do not account for these factors will be inadequate.

2. Mental health and well-being play heavily into the Veteran's capacity to care for themselves and their basic needs like food.

Carl is a 55 year-old Air Force Veteran. He separated from active duty in 2015. On his return home from deployment his life spiraled down. His wife left him and took their son. In his effort to pay child support, he ended up living in his car and was food insecure. His "head was messed up" and he did not have the capacity to help himself. Finally, in 2019, he walked into a VA clinic and got connected with a case manager who helped him.

His take-away message was that "Veterans have lots going on and if their head is not in the right space and things are hard, they'll give up..."

3. "No one is ever just food insecure." (Ed, 39 year-old Marine Veteran)

Nearly all the Veterans I have met in my studies struggle with other basic needs like housing, transportation, and childcare. They are making hard decision on how to spend their next \$20: groceries or gas?

As Sheila, a 34 year-old, single mother of three and Army Veteran explained: "How much [I am] spending on gas affects how much [I have] left over for food, because even though food is a necessity, gas is one too. So, when it comes to deciding between food and gas, gas comes first over food. I can't lessen the gas."

4. Sense of desolation when the request for assistance is turned down.

Haley is 35 year-old Army Veteran and single mother of 3 children. She has applied for SNAP four times but never qualified. Even when she was in a shelter, her application was denied because she was a few dollars over the eligibility line. Ultimately, she stopped applying. She said, "I have been burned so many times that I don't try it anymore."

5. Many Veterans who are food insecure implement survival skills like rationing of personal intake.

To ensure that their children did not experience hunger, Haley and Sheila are just two of many parents who, when food supply is low, will cut back on their personal consumption to make sure their children have enough food to eat. In Sheila's words: "I've skipped out on meals plenty of times, plenty of days. I've actually fed all of my family, and there's no meat left, because, like . . . so I would give my portion [to the children], so everyone can get full. And just would tell them, "Oh, I ate." Too many Veterans adopt this coping strategy.

It is unclear how the stress of living in this sort of survival mode/stress affects the health and well-being of Veterans overtime but getting them access to assistance as soon as possible needs to be part of the solution.

6. Finding assistance is often a matter of chance or luck.

Sarah is a 33 year-old Army Veteran with three children. Years ago, when she was homeless and pregnant, Shannon's "life was gratefully rescued by a fellow veteran on the bus one day".⁴ The fellow Veteran noticed her Army t-shirt. He asked if she needed help and she said yes. He directed her to a Veteran Center where she was fed and connected to other much needed resources. This event was a major turning point in her life

What would have happened if Sarah and her fellow Veteran were not on the same bus that day? She, and other Veterans, cannot afford to leave finding assistance to luck.

The experiences that these Veterans share point to the complex nature of food insecurity. This complex nature also adds to the challenges of finding effective solutions.

Finding Effective Solutions

Ultimately, the goal in understanding the problem is to apply the findings towards developing and evaluating effective solutions.

An initial step to this difficult task is to organize the various solutions using the Public Health Model of Prevention. This model consists of 3-levels of prevention: primary (focused on preventing the problem in the first place), secondary (identifying the problem as early as possible), and tertiary (reducing damage and preventing the problem from getting worse).

Tertiary Prevention of Food Insecurity

I start by describing tertiary prevention because most efforts to address food insecurity focus on tertiary prevention through charitable food distributions and/or USDA food assistance programs like SNAP, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program. These programs are essential for Veterans who are suffering from food insecurity as they directly address the immediate lack of food. Increasing awareness of and accessibility to the USDA programs, in particular, would benefit many of the Veterans who are food insecure.

Secondary Prevention of Food Insecurity

Screening using validated tools like the Hunger Vital Sign™, if implemented correctly, will help identify Veterans who are struggling with food shortages. There is increasing awareness among health care clinics about the need to screen for food insecurity. Yet, many Veterans who have unmet food needs may not seek healthcare. Their first point of contact may be community organizations. Therefore, we need to facilitate screening and referral systems where Veterans are.

Primary Prevention of Food Insecurity

Finally, the most effective, but also the most complex solutions, address the root causes of food insecurity in effort to not let it happen in the first place. To achieve this level of prevention, we need to move upstream and examine what places Veterans at risk for food insecurity. What are those contributing factors?

So far, my current study and that from prior research indicates that food insecurity is highly intertwined with physical and mental health, housing instability, and financial instability. This means that efforts to address food insecurity need to also tackle issues like access to healthcare, housing, and financial stability.

Additionally, Veterans have described the initial 6 to 12 months post-separation from active duty as being a time of high risk for food insecurity. This is about the time that they run out of money, may still be looking for a job, and may have not yet received care for health-related issues.

Thus, another proactive approach to reduce their risk for food insecurity is to leverage the Department of Defense Transition Assistance Program (TAP) curriculum to facilitate registration into the Veterans Health Administration. This will help transitioning Service Members have access to healthcare and auxiliary support like social work. This is also a prime opportunity to encourage transitioning Service Members to apply for SNAP. The target group for such an effort would be transitioning Service Members who are enlisted grade 7 (E7) or below.

Conclusion

I appreciate the Subcommittee's recognition that to have effective solutions, we need to understand the problem- however complex it may be. I also thank the Subcommittee for the opportunity to share how current and future solutions fit in the public health model of prevention.

Moving forward, I encourage all who strive to reduce food insecurity among Veterans to balance the need to address immediate food shortages with the need to address contributing factors.

Efforts to prevent food insecurity need to start prior to separation from active duty (primary prevention). For those Veterans who have already separated, early identification of Veterans with unmet food needs (secondary prevention) and assistance to access programs that will meet their immediate food needs and contributing factors will be critical to reduce the negative outcomes like sense of desolation and suicidal ideation (tertiary prevention).

Our nations' Veterans served and protected us. Now we need to serve them.

References

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